

# Satisfaction Regarding Quality Of Health Service As Perceived By The Patient

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## Abstract

Two crucial health indicators for assessing the effectiveness of the healthcare system are perceived health service quality and patient happiness. The patient is at the core of the healthcare system's quality agenda because meeting the patient's demands and upholding accepted healthcare standards are essential to providing high quality medical care. Patient satisfaction is a relative phenomenon that is comprised of the patient's perceived need, his expectations from the health care system, and his experience with health care. Determine the amount of patient satisfaction with OPD services, considering doctor-patient interaction and overall health facilities. A descriptive cross-sectional study was undertaken at a hospital of tertiary care in Karachi. A sample of 244 patients was chosen using a method of systematic random sampling. Patients were questioned and information was gathered using a questionnaire that had been pretested. 112 (46.7%) Patients were pleased and satisfied with the doctors and staff which provide attention and listen carefully to the patients. Most patients, 200 (83.3%), indicated that they would return to the facility. Patients were ready to return to the hospital since they were really pleased with their doctors and staff.

**Keywords:** Health Services, Patient Satisfaction, Doctors, Tertiary care, Quality care.

## Introduction

Healthcare is the service with the quickest growth rate in both developed and developing nations (Dey et al., 2006). In recent years, health systems have altered their way of thinking and providing care: patients are now at the forefront of the entire process, and new organisational models are being implemented to provide patient-centric services. The mission of health systems has evolved to satisfy the health requirements and expectations of the population in terms of how providers should treat patients. Since the year 2000, strategies centred on service quality have been established (WHO, 2000). In this environment, patient feedback has become an essential metric for assessing the capacity of health systems to meet patients' needs. Improving the quality of health facilities is a strategy employed in developing nations to reduce communicable diseases, which greatly contributes to the health system's strategic goals (Girma et al., 2008). Patients are now considered healthcare consumers, acknowledging that individuals voluntarily choose the services and providers that best

satisfy their healthcare requirements (Wadhwa, 2002). Healthcare quality and patient happiness are two significant health outcome and quality measures related to this (Zineldin, 2006).

According to Caha (2012), service quality at a hospital is a significant determinant of customer satisfaction and a favourable perception of the hospital among its patients. This optimistic view of the hospital, its personnel, and its competence contributes to its social success. Client satisfaction with a hospital is based on several elements, including the improvement of hospital personnel competence, the hospital's prices in comparison to the value gained, and the quality of the hospital's health facilities. It is possible for objective measures of service quality to diverge from customer perception, making customer perception the superior indicator above objective measures. Therefore, every service firm should use consumer perception to set the level of quality it offers on the market (Caha, 2012).

According to Peprah (2013), the attitudes of nurses toward patients, the ability to provide timely service without wasting time, the capacity to convey information to patients, and the availability of up-to-date equipment all have a significant impact in patient satisfaction. Others include the hospital's capacity to provide dependable service, the doctor's willingness to patiently explain what was wrong with patients before administering therapy, the provision of detailed prescription information to patients, and the hospital's attractiveness and cleanliness.

Meeting the demands of the patient and establishing healthcare standards are essential for providing high-quality services (Ramachandran and Cram, 2005). This places the patient at the centre of the quality agenda for healthcare (Badri et. al., 2007). The perceived or cognitive value of a service is determined by the customer's experience with the service. The perception of health service quality is influenced by patients' expectations, the service delivery method, and the outcome.

## **Material and Method**

Quantitative descriptive cross-sectional research (structured questionnaires) was undertaken in a tertiary hospital in Karachi. Patients utilising the hospital's OPD services constituted the research population. A sample of 244 patients was chosen using a method of systematic random sampling. To compute the sampling interval or nth number for a sample of 244 patients, the preceding average OPD attendance was utilised as the population size. Each nth patient was chosen for an interview. This procedure was repeated until the desired sample size had been collected. The questionnaire designed for data collection included open-ended questions regarding the socio-demographic history of patients, their satisfaction with the doctor, the behaviour of the staff, and facilities. Data was presented in figures and tables. It was described using frequencies, and percentages.

## **Results**

### **Social - demographic characteristics of respondents**

The social - demographic characteristics of the sampled patients are presented in Table 1. In relation to age, about 50.8% of the respondents were aged 20-30 years, 44.3% were aged between 30-40 years and 3.3% were aged over 40 years. Age of respondents ranged between 20 and 60 years. In terms of gender, 45.9% were females and 54.1% were males. Regarding education level, 1.6% had secondary

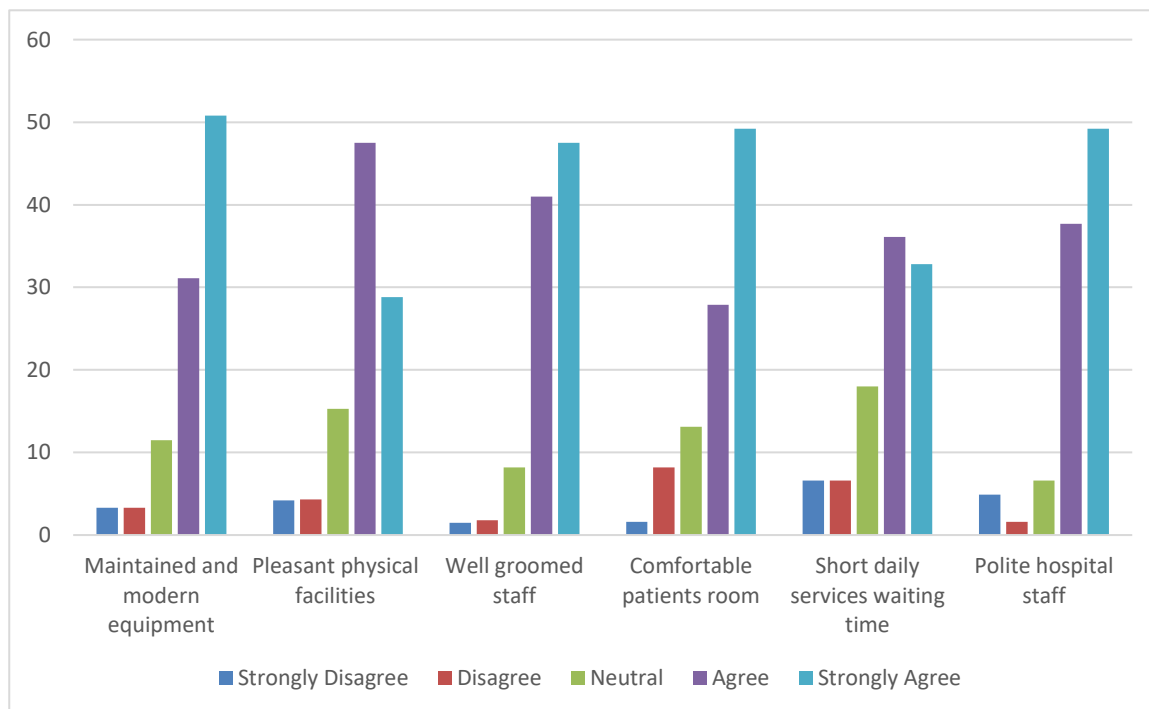
education and 8.2% had higher secondary education, 49.2% had graduation and 41.0% had post-graduation level of education.

**Table: 1. Demographic and Social Profiles of Respondents**

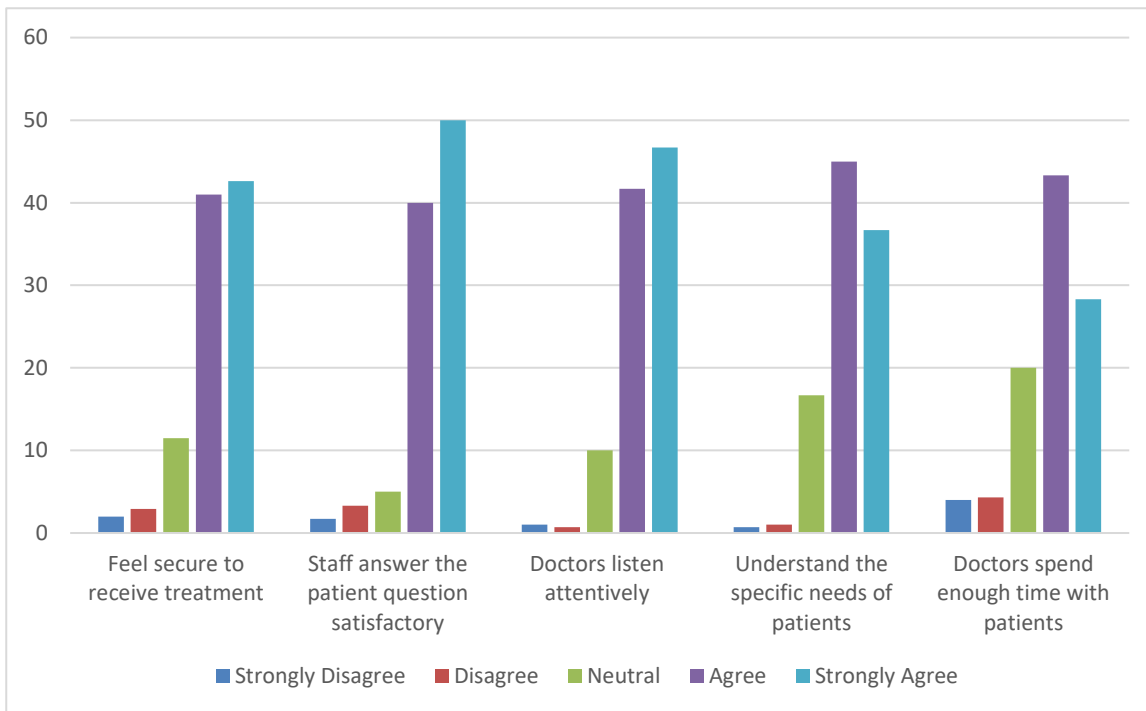
| Variables           | Categories                   | Respondents | Percentage |
|---------------------|------------------------------|-------------|------------|
| Gender              | Male                         | 132         | 54.1%      |
|                     | Female                       | 112         | 45.9%      |
| Age                 | 20-30 Years                  | 124         | 50.8%      |
|                     | 30-40 Years                  | 108         | 44.3%      |
|                     | 40-50 Years                  | 8           | 3.3%       |
|                     | 50-60 Years                  | 4           | 1.6%       |
| Educational Details | Secondary Certificate        | 4           | 1.6%       |
|                     | Higher Secondary Certificate | 20          | 8.2%       |
|                     | Graduation                   | 120         | 49.2%      |
|                     | Post Graduate Degree         | 100         | 41.0%      |

### Quality of Health Services Provided in Hospital

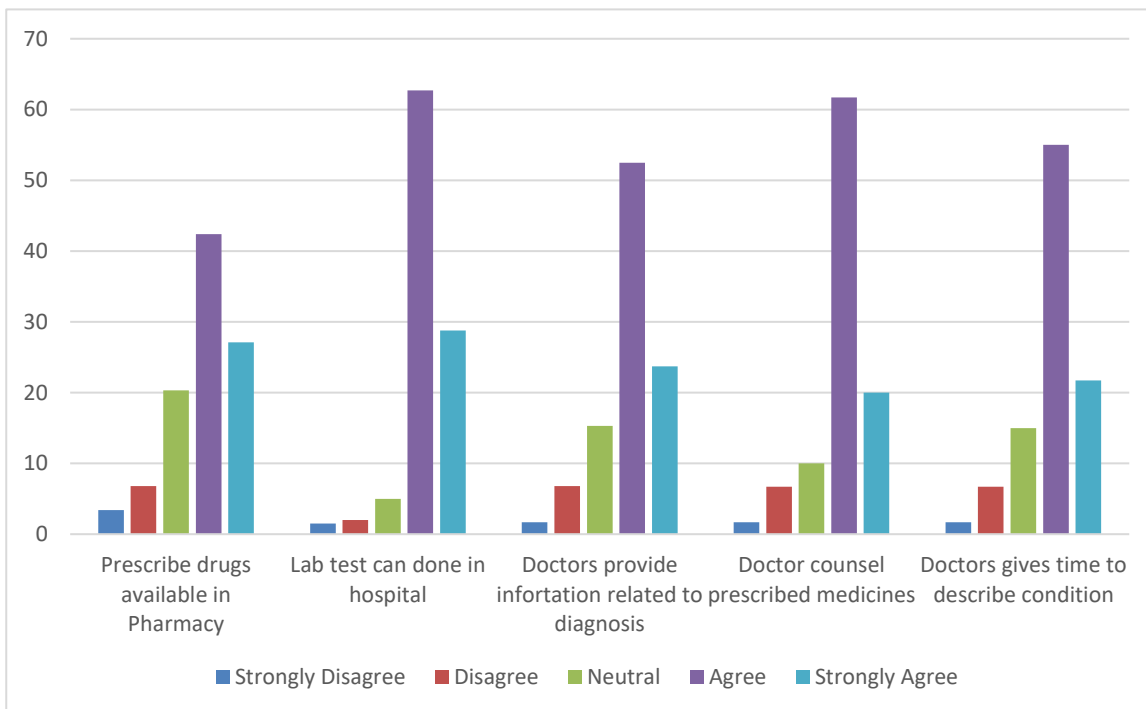
The patient's responses towards general aspects of health facility and hospital staff are shown in Figure: 1, 2 and 3. Patients' views on various aspects of doctor or staff-patient interaction were ascertained. Majority of patients found the staff to be polite (49.2%), doctors listened attentively to the patients (46.7%), doctors gave proper information related to patient's condition (21.7%), provided instructions regarding dose and time of medication (20%), test services are available in hospital (28.8%) and prescribed medicines are available in pharmacy (27.1%).



**Figure: 1. Services Provided in Hospital.**



**Figure: 2. Doctors and Staff Response for Patient Satisfaction.**



**Figure: 3. Delivery of the Health Services.**

**Discussion**

Measuring patient happiness is an important metric for evaluating healthcare quality indicators that are not well reflected by other service statistics such as patient data, waiting times, and consultation

lengths. Only few of the patients were dissatisfied with the perceived quality of the services, according to the study's satisfaction index.

Inadequate comfort and privacy, a crucial feature of health service delivery, in hospital patient rooms significantly effects perceptions of service quality. Due to the absence of soundproof consulting rooms and the usage of open wards, patients were uneasy about the privacy and consequently confidentiality of their information. This finding was supported by Hu et al. (2011), who discovered that patient privacy and the confidentiality of patient information influence the perception of service quality and patient satisfaction.

The perception of the quality of health services influences patients' contentment with service delivery. Patient perception of quality is the belief that their wants and expectations are being met (Hu et al., 2011). The study revealed that staff competence in handling patient problems, staff friendliness, availability of prescribed drugs in the hospital pharmacy, patient privacy during treatment and patient waiting time are predictors of patient satisfaction with perceived quality of services. However, the study revealed that performing lab tests within the hospital.

## **Conclusion**

Patients were quite delighted with their doctors and staff. They observed that they were pleasant and attentive to the patients. The medical facility was sanitary and properly established. Most patients were prepared to return to the hospital. It is advised that additional research be performed to gauge patient happiness in secondary and primary care health facilities, and that efforts be made to obtain regular patient input.

## **Reference**

1. Badri M., Attia S., Ustadi M. (2007). Testing Models for Care Quality for Discharged Patients, POMS 18th Annual Conference.
2. Caha, H. (2012). Service Quality in Private Hospitals in Turkey. *Journal of Economic and Social Research*, 9 (1), 55-69.
3. Dey P., Hariharan S., Brookes, N. (2006). Managing healthcare quality using logical framework analysis. *Managing Service Quality*, 16(2): 203-222.
4. Girma S., Yohannes A., Kitaw Y., Ye-Ebiyo Y., Seyoum A., Desta H., Teklehaimanot A. (2008). Human resource development for health in Ethiopia: challenges of achieving the millennium development goals. *Ethiopian Journal of Health Development*, 21(3): 216-231.
5. Hu Y., Cheng C., Chiu I., Hong Y. (2011). A study of customer satisfaction, customer loyalty and quality attributes in Taiwan's medical service industry. *African Journal of Business Management*, 5(1):187-195.
6. Peparah, A. (2013). Health Care Delivery in Sub-Saharan Africa: Patients' satisfaction and perceived service quality, A case study of Sunyani Regional Hospital in Ghana. LAP LAMBERT Academic Publication, Germany.

7. Ramachandran, A., Cram, N. (2005). Standards and Customer Satisfaction in the Healthcare industry. *Journal of Clinical Engineering*, 23(3): 219-228.
8. Wadwha S. (2002). Customer satisfaction and health care delivery systems: Commentary with Australian bias. *The Internet Journal of Nuclear Medicine*, 1(1): 1539-4638.
9. WHO (2000). *World health report– Health systems: improving performance*. Geneva: World Health Organization.
10. Zineldin M (2006). The quality of health care and patient satisfaction, *International Journal of Health Care Quality Assurance*, 19(1): 60-92.